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| <br>U.S. Department of Transportation<br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b> |  | FOR AGENCY USE ONLY 100148                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Date Received<br>03-AUG-2017<br><b>NOV 15 2017</b>                                                                                                                                                                    |  | Repository <input type="checkbox"/><br>Reference No.<br>11012533 |  |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Address                                                                                                                                                                                                               |  | Daytime Telephone Number                                         |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | State                                                                                                                                                                                                                 |  | Zip Code                                                         |  |
| KEMAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | TX                                                                                                                                                                                                                    |  |                                                                  |  |
| The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Make                                                                                                                                                                                                                  |  | Model                                                            |  |
| JTHBK1EG6B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | LEXUS                                                                                                                                                                                                                 |  | ES350                                                            |  |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Dealer's Name and Telephone Number                                                                                                                                                                                    |  | Model Year                                                       |  |
| MAY 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | STAR TOYOTA 281-338-9700                                                                                                                                                                                              |  | 2011                                                             |  |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Dealer's City                                                                                                                                                                                                         |  | Engine:                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | LEAGUE CITY                                                                                                                                                                                                           |  | No: Cylinders                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | State                                                                                                                                                                                                                 |  | 6                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TX                                                                                                                                                                                                                    |  | GAS                                                              |  |
| Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 77573                                                                                                                                                                                                                 |  |                                                                  |  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input checked="" type="checkbox"/> Antilock Brakes                                                                                                                                                                   |  | Multiple Failure:                                                |  |
| AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input checked="" type="checkbox"/> Cruise Control                                                                                                                                                                    |  | Incident Date(s)                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Powertrain                                                                                                                                                                                                            |  | 23-MAY-2016                                                      |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| Vehicle Component Code: 140000 AIR BAGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                       |  | Failure Mileage                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                       |  | Failure Speed                                                    |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Tire Model (Name or Number)                                                                                                                                                                                           |  | Tire Size (Example P215/65R15)                                   |  |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Original Equipment                                                                                                                                                                           |  | Failure Location:                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Prior Repair                                                                                                                                                                                 |  |                                                                  |  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                       |  | Tire Failure Type:                                               |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Date Manufactured:                                                                                                                                                                                                    |  | Model No./Name:                                                  |  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Installation System:                                                                                                                                                                                                  |  |                                                                  |  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Failed Part:                                                                                                                                                                                                          |  |                                                                  |  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| Crash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Fire                                                                                                                                                                                                                  |  | Number of Persons Injured                                        |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                   |  | Number of Deaths                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                       |  | Reported to Police                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                       |  | N                                                                |  |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| TL* TAKATA RECALL. THE CONTACT OWNS A 2011 LEXUS ES350. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V340000 (AIR BAGS); HOWEVER, THE PARTS TO DO THE REPAIR WERE UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE DEALER (LEXUS OF CLEAR LAKE LOCATED AT 18160 GULF FWY, FRIENDSWOOD, TX 77546; (281) 853-1400) WAS CONTACTED AND CONFIRMED THAT THE PARTS WERE NOT AVAILABLE FOR THE RECALL REMEDY UNTIL AUGUST OF 2017. THE MANUFACTURER ADVISED THE CONTACT TO CALL THE DEALER TO GET A RENTAL CAR. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE. |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                       |  |                                                                  |  |
| The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.                                                                                                |  |                                                                                                                                                                                                                       |  |                                                                  |  |